

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 6-17-39 I 11911

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

APR 23 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11146

Registration District No. 370

Primary Registration District No. 5538

Registrar's No.

1. PLACE OF DEATH: *Howell*  
 (a) County: *Howell*  
 (b) City or town: *Rural, Benton*  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution:  
 In this community: *20 yrs*  
 years, months or days (Specify whether *215*)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: *Mo* (b) County: *Howell*  
 (c) City or town: *Hocoma MO*  
 (If outside city or town limits, write "RURAL")  
 (d) Street No.:  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) FULL NAME: *Gardner Lafayette Dolan*  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month *March* day *12*  
 year *1940* hour *8* minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from *March*  
 \_\_\_\_\_, 19*40* to *March 12*, 19*40*  
 that I last saw him alive on *March 10*, 19*40*  
 and that death occurred on the date and hour stated above.

4. Sex: *M* 5. Color or race: *M*  
 6. (a) Single, widowed, married, divorced: *Widower*  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: *June 24 1858*  
 (Month) (Day) (Year)

Immediate cause of death: *Cerebral Apoplexy*  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death):  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

8. AGE: *81* Years Months *8* Days *15*  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
 9. Birthplace: *Benton MO*  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation: *Farmer (retired)*

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name: *Robert Dolan*  
 13. Birthplace: *Taver*  
 (City, town, or county) (State or foreign country)  
 14. Maiden name: *Emeline Warner*  
 15. Birthplace: *MO*  
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

16. (a) Informant's own signature: *Robt Colbert*  
 (b) Address: *Hocoma, MO*  
 17. (a) *Burial* (b) Date thereof: *Mar 13 1940*  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation: *Shady Grove*  
 18. (a) Signature of funeral director: *None*  
 (b) Address: \_\_\_\_\_  
 19. (a) *3-13-40* (b) *Vida W. SIMONS*  
 (Date received local registrar) (Registrar's signature)

23. Signature: *C. J. Beach* (M. D. or other) *MD*  
 Address: *Clyde MO* Date signed: *3-12*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

..... working under my personal supervision.

RECEIVED

Signed.....

District Health Officer No. 5,

Licensed Embalmer No.....

District File Number 440367

P. O. Address.....

Date Filed 4-3-40

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.